

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 7	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI George	OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED APR 26 2019 City Manager's / City Secretary's Office </div>		
	NICKNAME LAST SUFFIX Ferrie			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 2932 Stockton St Denton, TX 76209			Date Received
Date Hand Carried / Registered	Receipt #			Amount
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Ms. Kristen</i>	Date Processed		
	NICKNAME LAST SUFFIX <i>Jones</i>	Date Imaged		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2932 Stockton St Denton TX 76209</i>			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>318-467-9011</i>			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year Month Day Year 03/26/2019 THROUGH 04/24/2019			
10 ELECTION	ELECTION DATE Month Day Year 05/04/2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Denton City Council, District 1 Place Denton City District District 1		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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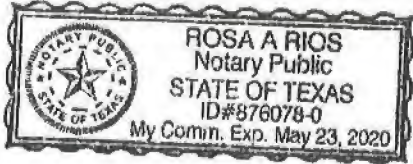
13 C / OH NAME Ferrie, George	14 Filer ID
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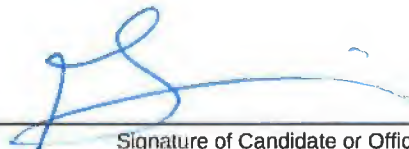
15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 325.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,875.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,031.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,242.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 100.00

17 AFFADAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.






 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said George Ferrie, this the 26th day of April, 2029, to certify which, witness my hand and seal of office.



 Signature of officer administering

Rosa A. Rios
 Printed name of officer administering

Notary Public
 Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME

Ferrie, George

19 Filer ID**20 SCHEDULE SUBTOTALS**

NAME OF SCHEDULE

SUBTOTAL AMOUNT

- | | | |
|-----|---|-------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3,875.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 1,031.45 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 1/1 Rpt: 4/7

2 FILER NAME
Ferrie, George

3 Filer ID

4 Date
03/27/2019

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)

Carson, Michelle

7 Amount of Contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

9124 Cape Cod Blvd

Providence Village, TX 76227

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/07/2019

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Nordick, Mark

Amount of Contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

627 Havencrest Lane

Coppell, TX 75019

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/22/2019

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Polley, Johnthan and Brandy

Amount of Contribution (\$)

\$3,000.00

Contributor address; City; State; Zip Code

6495 Coyote Ct

Krum, TX 76249

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/20/2019

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Rhea, Michael

Amount of Contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

3360 Berkwood Pl

Frisco, TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 5/7	2 FILER NAME Ferrie, George	3 Filer ID
4 Date 04/22/2019	5 Payee name Facebook	
6 Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94205	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Advertising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/22/2019	Candidate/Officeholder name	Office sought
Amount (\$) \$25.00	Payee name Facebook	Office held
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/22/2019	Candidate/Officeholder name	Office sought
Amount (\$) \$25.00	Payee name Facebook	Office held
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, TX 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/22/2019	Candidate/Officeholder name	Office sought
Amount (\$) \$25.00	Payee name Facebook	Office held
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, TX 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/22/2019	Candidate/Officeholder name	Office sought
Amount (\$) \$25.00	Payee name Facebook	Office held
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, TX 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 6/7	2 FILER NAME Ferrie, George	3 Filer ID
4 Date 04/22/2019	5 Payee name Office Depot	
6 Amount (\$) \$53.55	7 Payee address; City; State; Zip Code 2300 San Jacinto Blvd Denton, TX 76205	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printer Ink
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/22/2019	Payee name Orbit Press	
Amount (\$) \$198.18	Payee address; City; State; Zip Code 1811 N Elm St Denton, TX 76201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense literature and postcards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/24/2019	Payee name Square	
Amount (\$) \$70.59	Payee address; City; State; Zip Code 1455 Market St., Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 7/7	2 FILER NAME Ferrie, George	3 Filer ID
4 Date 04/22/2019	5 Payee name USPS Denton	
6 Amount (\$) \$595.00	7 Payee address; City; State; Zip Code 101 E McKinney Denton, TX 76201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/22/2019	Candidate/Officeholder name WalMart	Office sought Office held
Amount (\$) \$29.13	Payee address; City; State; Zip Code 2750 W University Dr Denton, TX 76201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Labels
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		